



# HEALTH PROGRAM SPECIALIST I

## Training and Experience Assessment



California  
Department of Corrections  
and Rehabilitation

---

### **Read instructions carefully**

This Training and Experience Assessment will provide you with an opportunity to demonstrate significant aspects of your qualifications for Health Program Specialist I with the California Prison Health Care Services (CPHCS) and Department of Corrections and Rehabilitation (CDCR). The eligible list resulting from this examination process will be used by CDCR facilities statewide to fill their existing positions. A "Conditions of Employment" form is included in this Training and Experience Assessment that will allow you to select the location(s) and time bases for which you are interested in working.

This Training and Experience Assessment will account for 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully.

---

Candidate's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

---

**\*\*\*In order to expedite the hiring process, your phone numbers are required\*\*\***

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cellular Phone Number: \_\_\_\_\_

---

Signature

Date

**I certify that all the statements I have made in this application are true and correct.**

---

### **FILING INSTRUCTIONS:**

Please submit your completed Training and Experience Assessment, along with a standard State Application Form, STD. 678 as follows:

#### **By mail with:**

California Prison Health Care Services  
Selection Services Section  
P.O. Box 4038, Suite 350  
Sacramento, CA 95812-4038

**or**

#### **In person with:**

California Prison Health Care Services  
Selection Services Section  
501 J Street, Lobby Drop Box  
Sacramento, CA 95812

---

**HEALTH PROGRAM SPECIALIST I  
TRAINING AND EXPERIENCE ASSESSMENT**

Name: \_\_\_\_\_

---

**MINIMUM QUALIFICATIONS**

Each candidate must meet the minimum qualifications as of the date his/her Training and Experience Assessment is received. If not, the candidate's application in the examination process will be rejected and his/her Training and Experience Assessment will not be scored. Please ensure that your State application (STD. Form 678) clearly indicates your education, experience, and licensure information reflective of the minimum qualifications for this examination process as stated below:

**Either I**

*One year of experience in the California state service performing duties equivalent to Associate Health Program Adviser. (Applicants who have completed six months of service performing the duties as specified above will be admitted to the examination, but they must satisfactorily complete one year of this experience before they can be eligible for appointment.)*

**Or II**

**Experience:** *Three years of progressively responsible experience in health program administration, at least one year of which shall have been with major responsibility for a significant program such as is normally found in a complex or departmentalized medical care delivery setting or health institution or organization. (Possession of a Doctoral Degree in Public Health, Health Administration, Health Planning, Public Administration, or a closely related health professional field may be substituted for up to one year of the required general experience.)*

**And**

**Education:** *Possession of a Master's Degree in Public Health, Health Administration, Hospital Administration, Comprehensive Health Planning, Public Administration, or a closely related health professional field. (One year of additional specialized qualifying experience may be substituted for the required master's degree.)*

**HEALTH PROGRAM SPECIALIST I  
TRAINING AND EXPERIENCE ASSESSMENT**

Name: \_\_\_\_\_

**JOB REQUIREMENTS**

**The following are job requirements. Please indicate your willingness to comply with each job requirement listed.**  
(Please note, if you are unwilling or unable to comply with any of the following job requirements, you will be eliminated from further consideration in the examination process.)

1. Are you willing to work at correctional facilities in the Department of Corrections and Rehabilitation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you willing to act in a professional, ethical, and tactful manner toward inmates/youthful offenders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you willing to maintain privacy and confidentiality regarding individual patient/client/inmate health information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you willing to abide by and adhere to institutional safety and security policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you willing to promote positive, collaborative, professional working relations among co-workers and peace officers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you willing to comply with tuberculosis screening requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you willing to abide by and adhere to the institutional dress code?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you willing to work around peace officers armed with chemical agents and/or weapons?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**DEGREES, CERTIFICATIONS AND EXPERIENCE**

**Please indicate if you possess any of the following degrees, certifications or experience by marking the appropriate box(es):**

9. Training/experience in using statistical methods.	<input type="checkbox"/>
10. Training/experience in using computerized data management software.	<input type="checkbox"/>
11. Experience working with and interpreting state and federal laws and regulations regarding institutional health care.	<input type="checkbox"/>
12. Experience developing training materials and/or presenting training.	<input type="checkbox"/>
13. Masters Degree or PhD in Public Health, Health Administration, Hospital Administration, Comprehensive Health Planning, Public Administration, or a closely related health professional field.	<input type="checkbox"/>

**HEALTH PROGRAM SPECIALIST I  
TRAINING AND EXPERIENCE ASSESSMENT**

Name: \_\_\_\_\_

**WORK EXPERIENCE**

<b>Note to Applicant:</b> Please read carefully. Under "Work Experience," for items #14-27, indicate:  <b>If you have performed this task within the last 24 months;</b>  <b>AND</b> <b>Frequency:</b> How often you perform this task (e.g. select one box from "weekly" "monthly" or "annually" column)  <b>AND</b> <b>Level of Skill:</b> Indicate the level of skill that you have in performing this task (e.g., select one box from the "level of skill" column)	FREQUENCY			LEVEL OF SKILL			
	I have performed task within the last 24 months	Weekly	Monthly	Annually	Not performed	Performed less than three years	Performed longer than three years
14. Coordinate and consult with all staff levels and other agencies concerning highly sensitive issues in order to gather, compile, coordinate and disseminate information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Provide a leadership/facilitator role in the development of policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Provide a leadership/facilitator role in coordinating the implementation of health care policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Provide recommendations based on performance measurements to quality management committees and/or management in order to ensure departmental compliance with governing rules, regulations, and policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Coordinate ancillary health care programs to ensure that appropriate access to care, quality of care, and continuity of care are provided to the patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Develop training materials on new or revised health care programs, policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Train staff on new or revised health care programs, policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Monitor and/or evaluate health programs through performance measurements to ensure compliance with state and federal regulations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Develop performance measurement and audit tools.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Maintain automated data systems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Compile and tabulate statistical and/or management data.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Prepare documents/reports/correspondence about health care issues, programs, or policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Serve as a lead (team leader) on inter-disciplinary task forces and quality management committees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Participate in staff training/in-service training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**HEALTH PROGRAM SPECIALIST I  
TRAINING AND EXPERIENCE ASSESSMENT**

Name: \_\_\_\_\_

**CONDITIONS OF EMPLOYMENT - CDCR ADULT & YOUTH FACILITY LISTING ONLY**

PLEASE MARK THE APPROPRIATE BOX (ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED.

If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form. If, after you are contacted for a job, you are unwilling to accept work you will be charged with a waiver. **After three such waivers, your name will be made inactive. ON OPEN EMPLOYMENT LISTS, once your name is placed inactive, it cannot be reactivated.** Therefore, before you mark this form, there are some things you should consider. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a long way from your residence. You may choose up to 15 different locations. If you choose more than 15, you will be certified for anywhere in the State.

**TYPE OF APPOINTMENT YOU WILL ACCEPT**

Please mark the appropriate box(es) - you may check "(A) Any" if you are willing to accept any type of employment.

☐ (D) Permanent Full-Time      ☐ (R) Permanent Part-Time      ☐ (K) Limited-Term Full-Time      ☐ (A) Any

If all are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

**NOTE:** California State Prison has been abbreviated to "CSP." Youth Correctional Facility has been abbreviated to "YCF."

**LOCATION(S) YOU ARE WILLING TO WORK**

☐ (5) ANYWHERE IN THE STATE - If this box is marked, no further selection is necessary.

☐ 7238 **UPPER NORTHERN REGION – If this box is marked, no further selection is necessary.**

**ADULT FACILITIES:**

<input type="checkbox"/> 0802 <b>Pelican Bay State Prison</b> Crescent City, Del Norte County	<input type="checkbox"/> 1802 <b>California Correctional Center</b> Susanville, Lassen County	<input type="checkbox"/> 1805 <b>High Desert State Prison</b> Susanville, Lassen County
--	--	--

☐ 7231 **NORTHERN REGION – If this box is marked, no further selection is necessary.**

**ADULT FACILITIES:**

<input type="checkbox"/> 0309 <b>Mule Creek State Prison</b> Ione, Amador County	<input type="checkbox"/> 3417 <b>Richard A. McGee Correctional Training Center,</b> Galt, Sacramento County	<input type="checkbox"/> 3902 <b>DeWitt Nelson YCF</b> Stockton, San Joaquin County
<input type="checkbox"/> 3423 <b>CSP, Sacramento</b> Represa, Sacramento County	<input type="checkbox"/> 3901 <b>Deuel Vocational Institution</b> Tracy, San Joaquin County	<input type="checkbox"/> 3908 <b>O.H. Close YCF</b> Stockton, San Joaquin County
<input type="checkbox"/> 4804 <b>California Medical Facility</b> Vacaville, Solano County	<input type="checkbox"/> 4811 <b>CSP, Solano</b> Vacaville, Solano County	<input type="checkbox"/> 3917 <b>N.A. Chaderjian YCF</b> Stockton, San Joaquin County
<input type="checkbox"/> 2102 <b>CSP, San Quentin</b> San Quentin, Marin County	<input type="checkbox"/> 5505 <b>Sierra Conservation Center</b> Jamestown, Tuolumne County	<input type="checkbox"/> 3907 <b>Northern California YCF</b> Stockton, San Joaquin County
<input type="checkbox"/> 3400 <b>Headquarters</b> Sacramento, Sacramento County		<input type="checkbox"/> 0311 <b>Pine Grove Youth</b> Pine Grove, Amador County
<input type="checkbox"/> 3404 <b>Folsom State Prison</b> Represa, Sacramento County		<input type="checkbox"/> 0307 <b>Preston YCF</b> Ione, Amador Count

**YOUTH FACILITIES:**

☐ 7232 **CENTRAL REGION – If this box is marked, no further selection is necessary.**

**ADULT FACILITIES:**

<input type="checkbox"/> 1015 <b>Pleasant Valley State Prison</b> Coalinga, Fresno County	<input type="checkbox"/> 2003 <b>Central California Women's Facility</b> Chowchilla, Madera County	<input type="checkbox"/> 4003 <b>El Paso de Robles YCF</b> Paso Robles, San Luis Obispo County
<input type="checkbox"/> 1513 <b>Wasco State Prison</b> <b>Reception Center,</b> Wasco, Kern County	<input type="checkbox"/> 2004 <b>Valley State Prison for Women</b> Chowchilla, Madera County	
<input type="checkbox"/> 1514 <b>North Kern State Prison</b> Delano, Kern County	<input type="checkbox"/> 2701 <b>Correctional Training Facility</b> Soledad, Monterey County	
<input type="checkbox"/> 1522 <b>Kern Valley State Prison</b> Delano, Kern County	<input type="checkbox"/> 2708 <b>Salinas Valley State Prison</b> Soledad, Monterey County	
<input type="checkbox"/> 1605 <b>Avenal State Prison</b> Avenal, Kings County	<input type="checkbox"/> 4005 <b>California Men's Colony</b> San Luis Obispo, San Luis Obispo County	
<input type="checkbox"/> 1606 <b>CSP, Corcoran</b> Corcoran, Kings County	<input type="checkbox"/> 1608 <b>California Substance Abuse Treatment Facility,</b> Corcoran, Kings County	

**YOUTH FACILITIES:**

☐ 7233 **SOUTHERN REGION – If this box is marked, no further selection is necessary.**

**ADULT FACILITIES:**

<input type="checkbox"/> 1307 <b>Calipatria State Prison</b> Calipatria, Imperial County (North)	<input type="checkbox"/> 3313 <b>Chuckawalla Valley State Prison</b> Blythe, Riverside County	<input type="checkbox"/> 3628 <b>Heman G. Stark YCF</b> Chino, San Bernardino County
<input type="checkbox"/> 1308 <b>Centinela State Prison</b> Imperial, Imperial County (South)	<input type="checkbox"/> 3329 <b>Ironwood State Prison</b> Blythe, Riverside County	<input type="checkbox"/> 1967 <b>Southern Youth Correctional Reception Center &amp; Clinic</b> Norwalk, Los Angeles County
<input type="checkbox"/> 1503 <b>California Correctional Institution</b> Tehachapi, Kern County	<input type="checkbox"/> 3612 <b>California Institution for Men</b> Chino, San Bernardino County	<input type="checkbox"/> 5610 <b>Ventura YCF</b> Camarillo, Ventura County
<input type="checkbox"/> 1995 <b>CSP, Los Angeles</b> Lancaster, Los Angeles County	<input type="checkbox"/> 3613 <b>California Institution for Women</b> Corona, San Bernardino County	
<input type="checkbox"/> 3310 <b>California Rehabilitation Center</b> Norco, Riverside County	<input type="checkbox"/> 3715 <b>R. J. Donovan Correctional Facility</b> <b>at Rock Mountain</b> San Diego, San Diego County	

**YOUTH FACILITIES:**

Please notify CPHCS promptly of any address changes or availability for employment at the following address:  
**California Prison Health Care Services, Selection Services, P.O. Box 4038, Suite 350, Sacramento, CA 95812-4038**

Health Program Specialist I

Page 5 – Rev. 06/01/2011

**HEALTH PROGRAM SPECIALIST I  
TRAINING AND EXPERIENCE ASSESSMENT**

Name: \_\_\_\_\_

**RECRUITMENT QUESTIONNAIRE**

These questions are not part of the examination but are for the hiring authority's information.

***HOW DID YOU HEAR ABOUT THE HEALTH PROGRAM SPECIALIST I EXAMINATION?***

**1. Check the box that best describes how you found out about the Health Program Specialist I examination:**

- ☐ College Recruitment
- ☐ CDCR Employee/Relative
- ☐ CDCR Website
- ☐ CPHCS Website
- ☐ Job Fair/Career Event (California)
- ☐ Job Fair/Career Event (Out-side California)
- ☐ Advertisement in Magazine/Journal
- ☐ Mailer
- ☐ Newspaper
- ☐ Internet Search (Career Builder, Google, AOL, etc)
- ☐ State Personnel Board (SPB)

**2. Check the box that best describes your reason for selecting CDCR as your place of employment:**

- ☐ Competitive Salary
- ☐ Benefits
- ☐ Retirement
- ☐ Career Challenge
- ☐ Gain Experience in a Correctional Setting
- ☐ Flexible Shifts
- ☐ Opportunity
- ☐ All of the above